

HC-One Limited

The Rowans Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About this service

The Rowans Care Home is a residential care home that does not provide nursing. The service accommodates up to 54 people who require support with their personal care needs, many of whom are living with dementia. Accommodation is provided across 2 floors with communal areas and an enclosed rear garden. At the time of this inspection there were 45 people using the service.

People's experience of using this service and what we found

Not everyone had a sufficient and detailed care and risk management plan in place. Risk management plans did not always provide clear guidance for staff in how to meet people's needs and reduce risks to people's safety. Care plans were not always reflective of people's current needs. The registered manager was in the process of reviewing and updating care plans and records at the time of our inspection visit. Although hygiene and cleaning standards had improved in the service, we found further improvements were needed to ensure these were sufficiently embedded in staff working practices.

Areas of the premises were dated and in need of refurbishment. The provider had agreed a significant refurbishment plan and work was in progress at the time of our inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, people's care records did not always provide clear evidence that best interest processes had been followed.

People were protected from the risk of abuse because the provider had effective safeguarding systems in place which were clearly understood by staff. People were supported by enough staff to meet their needs and keep them safe. People's medicines were managed safely.

Staff supported people to achieve positive outcomes from their care using a person-centred approach. People were supported to maintain their health and well being and staff worked in partnership with other agencies involved in people's care. Staff ensured people had enough to eat and drink.

Staff felt supported in their role and felt able to raise concerns and make suggestions. People, relatives and staff were engaged and consulted in issues and changes within the service. We received positive feedback around the impact of the registered manager in making improvements, providing clear and consistent leadership and creating a more positive and inclusive culture. Quality assurance and monitoring was carried out and governance processes highlighted the concerns we found at this inspection. The registered manager and provider had prioritised improvements and therefore some were in progress or not fully embedded at the time of our inspection. The provider was able to share plans to complete and embed improvements following our inspection visit.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 April 2022).

Why we inspected

This inspection was prompted by a review of the information we held about this service and to follow up on specific concerns we had received about the service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and effective sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Rowans Care Home on our website at www.cqc.org.uk

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement



Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement



Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good



The Rowans Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors, a regulatory co-ordinator and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Rowans Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Rowans Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people and 5 relatives who were able to share their views about the care provided. We attended a relative meeting and observed interactions between people and staff, including the lunch time meal. We also met with 8 staff members including the registered manager, deputy manager, area manager, care staff, housekeeping staff and maintenance person. We reviewed a range of records including 3 staff recruitment files, staff training information, policies and procedures and records relating to the day to day running and governance of the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people were not always safe.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Most areas of the service were visibly clean, however some equipment was not cleaned thoroughly. For example, we found a shower chair where the underside was soiled. A second shower chair had been cleaned but held water which had turned rusty. A fridge was visibly dirty. Fridge contents and condiments in use were not date labelled to ensure these were safe to use. We also found a number of faulty pedal bins. These were immediately replaced by the maintenance team. The registered manager told us they would take immediate action to address these concerns.
- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection due to the equipment requiring more thorough cleaning.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were malodours around the premises that indicated in-grained soiling particularly in flooring. Additionally areas of the premises had damaged and exposed, porous woodwork which made these areas difficult to clean to reduce the risk of infections. The provider had scheduled a refurbishment plan to address these concerns.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections due to environmental risks. A relative told us they felt overall standards of cleaning and hygiene had noticeably improved in the service.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The registered manager was following current government guidance in relation to visiting at the time of the inspection. People and their relatives told us there were no restrictions on visiting

Assessing risk, safety monitoring and management

- Improvements were needed to people's care plans to ensure these were up to date and reflective of people's current needs. Risk management plans did not always provide clear guidance for staff in how to meet people's needs and reduce risks to people's safety. For example, we found contradicting information

around people's preferences in relation to personal care and gender of care staff.

- Care plans lacked detailed information and guidance in supporting people who could become distressed and anxious. There was a lack of robust recorded strategies and interventions to ensure staff used agreed approaches consistently. Risks were mitigated as we observed staff were responsive when people became distressed. However, there was a risk staff who did not know people so well would not provide effective support.
- A person's risk management plan had identified a risk associated with their health condition but had not been updated following recent incidents and did not provide sufficient information to support staff to respond in an emergency situation. The registered manager implemented an up to date plan immediately following our inspection.
- People's personal emergency evacuation plans (PEEPS) did not consistently identify factors which could affect their ability to respond in an emergency. For example, the impact of certain medicines. The registered manager updated PEEPS following our inspection.
- The provider had plans to transfer all records to digital care planning. Work was in progress to audit care plans and records to ensure these were up to date in preparation for transferring to the new system.
- We found robust arrangements in place around day to day maintenance works in progress and completed works.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe living at The Rowans Care home. A person told us, "I feel safe and happy here because the staff are absolutely smashing." A relative felt their family member was safe as staff understood them and were very aware and responsive to risks associated with their care.
- Safeguarding concerns were reported appropriately. Information about how to report concerns was available to staff and visitors.
- Staff had received training and knew what to do if they had concerns about abuse. One staff member said, "I can raise concerns with [registered] manager or my senior. I know how to raise concerns and I have done so in the past. I am confident these would be listened to and acted on."

Staffing and recruitment

- The provider and registered manager had recruited to staff vacancies which meant agency staff were no longer used for roles that provided direct care. People, relatives and staff told us this had improved communications and resulted in consistency in the care people received. A staff member told us, "The [registered] manager has recruited because we had a huge reliance on agency staff which made things very difficult. I have seen people are now a lot happier in having consistent staff and morale is much better amongst the staff team."
- Staff rotas showed the staffing levels in place at the time of our inspection visit were sustained. The registered manager increased staffing where this was required, for example, to support with appointments.
- During our inspection visit, we observed that there were sufficient numbers of staff on shift to spend time with people at frequent episodes during the day. Staff were not task orientated and were available and interacting with people. We saw staff responded promptly when people used the care call to seek assistance and people told us this was usual practice.
- The provider had developed robust systems to ensure staff were consistently safely recruited. These included identify, pre-employment checks and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People told us they received the support they required with their medicines. A person told us, "The staff

help me see the GP about my medicines. I have just finished some medicines which the staff helped me to get as I was unwell."

- Medicine management policies and procedures were in place. Medicines were ordered and safely stored.
- Protocols were in place to support the safe administration of medicines, such as those requiring administration as and when required and those to be administered in food or drink; referred to as covertly administered.
- Staff had received medication training and had their competencies regularly reviewed by the management team.
- The registered manager and provider undertook audits and checks on medicines and records which helped to identify any errors and ensure improvements were effective.

Learning lessons when things go wrong

- The provider had systems in place to monitor incidents and accidents. The registered manager undertook regular analysis of these to review if remedial action was effective and identify any themes or trends.
- For example, the registered manager had identified an increased percentage of accidents occurred due to environmental constraints which meant staff did not have consistent 'line of sight' in supervising people. The registered manager and provider had plans in place to address this which in turn would help to mitigate this known risk.
- People's care records showed timely referrals were made to other agencies, such as GP and falls teams, following accidents to ensure risks were mitigated as far as possible.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- The home was dated and required significant improvement. A refurbishment plan was in place and refurbishment had started before the inspection. The registered manager was able to share plans to improve the environment to meet people's needs more effectively; in particular people living with dementia.
- The provider and registered manager were liaising with design and dementia specialists, people and their relatives as consultation to ensure the design and upgrade to the environment enhanced people's quality of life.
- People were able to personalise their rooms, though corridors and communal areas did not support people to orientate independently around the premises.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Assessments of people's capacity were carried out and most of these related to specific decisions, though some assessments were more generic. However, we did not consistently see documentation in place which showed how best interest decisions had been reached and who had been involved.
- Appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff demonstrated a good understanding of consent and respected people's right to decline care. A staff member was able to describe how they provided personal care to a person that regularly declined this. They told us, "If you push [Name] to have care, or get up before they want to, they will be resistant. We know when they are ready to get up and consent to care to avoid them becoming distressed." A relative told us this

approach by the staff had resulted in a significant improvement in the person's emotional and physical well being.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to moving into the service, people's needs were assessed by the service. The registered manager had reviewed the admission criteria to ensure they were able to meet people's needs safely within the service.
- Assessment information was used to create care plans which included people's wishes, preferences, cultural and lifestyle choices.
- Staff attended daily handovers at which they shared detailed updates about each person to ensure care was meeting people's needs.

Staff support: induction, training, skills and experience

- Staff received formal and informal supervision and support to be effective in their roles. Supervisions promoted open conversations between staff and their managers. A staff member told us, "The [registered] manager has provided clarity on our roles and responsibilities. We are now clear on what we need to do and how we should do it."
- The registered manager had reviewed staff training and focused on ensuring staff completed the training they needed to provide effective and safe care. Staff we spoke with said they had the right training for their roles.
- Staff were supported to embed their training into working practices through individual supervision, observations and staff meetings where themed discussions were held to support staff understanding, for example, safeguarding.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet. We saw people were provided with drinks and a choice of snacks throughout the day.
- A choice of meals were available at lunchtime and people were supported to make choices through visual aids. Special diets were also well catered for.
- Where people required support to eat and drink, we observed staff provided this in a kind and sensitive manner, providing reassurance and encouragement for the person to eat at their own pace.
- Staff undertook regular monitoring and followed guidance from health care professionals where people were at known risk from poor nutrition and de-hydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us and records confirmed staff were responsive to supporting people to maintain their health and well being. A person told us, "My feet are red and sore and painful, and I asked the carer to put some water in a bowl and soak them for me, which they did. They felt brilliant after that."
- A relative told us, "[Name's] needs have changed and staff have stepped up the care to meet their needs. For example, they regularly see the GP, were assessed by health professionals and staff use assessed equipment to support [Name] to move and keep safe."
- The registered manager was working to establish effective relationships with health care professionals, including district nurses and the GP, which in turn would benefit people through effective partnership working and information sharing.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Following governance concerns, the provider had made significant changes to the management of the service and now had a clear management structure. They had effective systems which monitored the quality of care to drive improvements in service delivery. Improvements we had identified had also been identified by provider and registered manager audits. Action had been taken to address concerns, though these had not had sufficient time to be fully embedded in working practices at the time of our inspection.
- Staff told us they were well supported by the registered manager, who was frequently on site face to face or available through a phone call. A staff member told us, "Things have really improved since the [registered] manager started working here. They listen and act on concerns, consult and inform us so we are clear on what we need to do."
- The registered manager and deputy manager were both new to their positions in the service. They were motivated and determined to achieve the best possible outcomes for people. The registered manager had support from the provider and specialist resources. This meant they had the time and resources to develop the service.
- The provider had utilised their systems and processes in place to improve the quality of care provided. Detailed audits and checks were undertaken which identified where improvements were required. Action was taken following audits to improve the quality and safety of care, though some of these were in-progress at the time of our inspection visit.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service. A relative told us, "There is very much an open door policy here."
- The provider had systems to provide person-centred care that achieved good outcomes for people. The registered manager was in the process of embedding these into staff working practices.
- Staff and relatives told us that people were always at the centre of the service and their needs were the most important aspect of the service.
- The management team were visible in the service, approachable and took an interest in what people and staff had to say. A relative told us, "The [registered] manager is always happy and approachable; they are happy to help and keep us informed." We received unanimous praise and positive feedback about the leadership and management of the registered manager.
- Staff felt well supported by the management team and said they felt able to raise concerns with them. A

staff member told us, "I feel able to raise concerns with managers and they listen to me. They are a good manager and I feel this service recognises people are from different backgrounds and makes sure everyone is included."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were involved in the running of the service and fully understood and considered people's protected characteristics.
- The registered manager held regular meetings with relatives and people which enabled them to share and consult on changes and improvements in the service. Additionally, relatives were kept informed through newsletters.
- People living at the service were not always able to express their needs and feelings verbally. Staff had a good understanding of people's needs and were aware of characteristics or behaviours to indicate people's preferences. We observed staff adapting communication styles to support individual people.
- The provider ensured feedback was sought from staff. They had sent out staff surveys prior to our inspection visit which staff were in the process of completing.
- Staff meetings were held regularly with clear actions and outcomes documented. Staff told us they felt confident to contribute to discussions and raise any concerns or make suggestions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. They had been open about where things had gone wrong in the service and actions they were taking to put things right.
- Records we reviewed evidenced incidents and outcomes had been communicated to people and their relatives.
- The registered manager understood their regulatory responsibilities, including the need to inform the Care Quality Commission (CQC) of certain incidents affecting the service and the people who used it.

Continuous learning and improving care

- The registered manager and provider had created a learning culture at the service which improved the care people received. Staff were encouraged to reflect on events and share learning to improve the quality of care.
- The registered manager told us they were always looking to develop care and improve things for people at the service. They kept themselves up to date with legislative changes and best practice guidelines through regular updates from the provider and attending regular managers' meetings.
- The provider had identified improvements were needed to care planning and care records. They were in the process of implementing digital care planning in the service.

Working in partnership with others

- The registered manager was working to re-establish positive links to ensure effective partnership with others. For example, they were able to give positive examples around communication and joint working with district nurses.
- Records showed there was regular contact with GPs, practice nurses and a range of other health professionals.
- Staff worked in partnership with relatives and friends where they were involved in their family member's care. A person's friend told us, "There is really good partnership working between staff, myself and [Name's] family. Staff respect our roles and there is good information sharing. There has been a significant improvement in [Name's] well being because of this."

